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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90019 042 \*\*\*150.00

DOCUMENT # P95000041577

1. Corporation Name

ST. JOSEPH'S HEALTH NETWORK, INC.

Principal Place of Business

3003 W DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607

Mailing Address

ATTN: ISAAC MALLAH  
3003 WEST DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/26/1995

4. FEI Number

59-3320281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MALLAH, ISAAC  
3003 W DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME ROSENTHAL, TODD M.D.  
STREET ADDRESS 8004-A N. ARMENIA AVENUE  
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ DELETE  
NAME PITISCI, GILBERT M.D.  
STREET ADDRESS 3003 W DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE TD ☐ DELETE  
NAME MALLAH, ISSAC  
STREET ADDRESS 3003 W DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE PD ☒ DELETE  
NAME WARD, NANCY TAYLOR  
STREET ADDRESS 3003 W DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE SD ☐ DELETE  
NAME FERZOGO, STEVEN MD  
STREET ADDRESS 3003 W DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE  
NAME DIWADKER, VIJAY M.D.  
STREET ADDRESS 701 W. DR. M.L.K., JR., BLVD. STE.3  
CITY-ST-ZIP TAMPA FL 33603

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/C/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VC/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE VC/S/D ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28 1999

(813) 870-4203

Date

Daytime Phone #

CR2E034 (11/98)

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